

CITY OF FORT LAUDERDALE
700 NW 19TH AVENUE
FORT LAUDERDALE, FLORIDA 33311
(954) 828-5195

**SUPPLEMENTAL OCCUPATIONAL LICENSE APPLICATION
FOR EXTENDED HOURS OF OPERATION PERMIT**

DATE: _____ BUSINESS PHONE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS (if different): _____ ZIP CODE: _____

CITY AND STATE: _____

NAME OF BUSINESS OWNER/PRESIDENT: _____ DATE OF BIRTH: _____

ADDRESS: _____

DRIVER'S LICENSE # AND STATE ISSUED IN (Attach copy of DL): _____

Hours Of Operation _____

CORPORATION NAME (if applicable) or D/B/A (Fictitious name): _____

NAME OF CORPORATE OFFICERS, TITLES, AND DATE OF BIRTH:

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

FEDERAL TAX ID#: _____ TYPE OF BUSINESS: _____

FOR OFFICE USE ONLY

VIOLATION OF ORDINANCE C-00-38

I HEREBY DECLARE that all information provided in this application is true and correct and further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any licenses or permits issued by the City of Fort Lauderdale which were based upon information provided in this application. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Fort Lauderdale for any such changes. Failure to obtain the necessary approval will result in the loss of any licenses or permits issued by the City of Fort Lauderdale that were based on this application.

BUSINESS OWNER/APPLICANT SIGNATURE _____

PRINT NAME

SWORN TO AND SUBSCRIBED before me

this _____ day of _____ 20_____

Notary Public